

# 2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

EMILY's List - NV

Name (print) Office (if applicable) District (if applicable)  
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 Mailing Address (include city and zip code) Telephone No.  
 cfines@emilyslist.org  
 E-Mail Address

1PAC 195

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

- ☒ **Report #1 — Due August 27, 2002**  
 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002  
 Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002  
 Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002  
 BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

- ☐ **Report #2 Due — October 29, 2002**  
 Period: Aug. 23, 2002 — Oct. 24, 2002

- ☐ **Report #3 Due — January 15, 2003**  
 Period: Oct. 25, 2002 — Jan. 3, 2003  
 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

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 FILED  
 AUG 22 2002  
 Secretary of State  
 FOR OFFICE USE ONLY

## BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any .00

## CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- |   |     |
|---|-----|
| 1. Total amount of monetary contributions in excess of \$100          | .00 |
| 2. Total amount of monetary contributions of \$100 or less            | .00 |
| Actual number of monetary contributions of \$100 or less              | 0   |
| 3. Interest and income earned on contributions, if any                | .00 |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | .00 |
| 5. Total amount of In Kind Contributions                              | .00 |

## EXPENSES SUMMARY

- |  |     |
|--|-----|
| 6. Total amount of monetary expenses in excess of \$100          | .00 |
| 7. Total amount of monetary expenses of \$100 or less            | .00 |
| 8. Expense for filing fee  | .00 |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | .00 |
| Remaining Balance (Subtract line 9 from 4)                       | .00 |
| 10. Total amount of In Kind Expenses                             | .00 |

## AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Callie E. Fines  
 Signature

8/22/02  
 Date Executed On